

U.S. Chamber of Commerce

1615 H Street, N.W.
Washington, D.C. 20062-2000

www.uschamber.com



FACSIMILE TRANSMITTAL

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Date: **February 10, 2012**

Pages: **19 (including cover sheet)**

Comments:

FEC Form 9

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

U.S. Chamber of Commerce

(b) Address (number and street) ☐ check if different than previously reported

1615 H Street NW

(c) City, State and ZIP Code

Washington, DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30001101

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

02 ' 06 ' 2012

through

02 ' 09 ' 2012

5. (a) Date of Public Distribution(s)

02 ' 09 ' 2012

(b) Communication Title "Tourism"

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐ No ☐

8. Custodian of Records

(a) Name

Wade Powers

(b) Address (number and street)

1615 H Street NW

(c) City, State and ZIP Code

Washington DC, 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

U.S. Chamber of Commerce Executive Director

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

249,800.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Wade Powers

SIGNATURE

Wade Powers

DATE

2/9/12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A. (a) Name Rob Engstrom	
(b) Address (number and street) 1615 H Street NW	
(c) City, State and ZIP Code Washington, DC 20062	
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce	(e) Occupation Senior Vice President
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee <u>Smart Media Group, LLC</u>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">02 / 06 / 2012</div>	
Mailing Address of Payee <u>814 King Street Ste 400</u>				Amount <div style="border: 1px solid black; padding: 2px;">249,800.00</div>	
City <u>Alexandria</u>	State <u>VA</u>	Zip Code <u>22314</u>		Communication Date <div style="border: 1px solid black; padding: 2px;">02 / 09 / 2012</div>	
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>"Tourism" TV Spot - Production and Media Placement</u>					
Name of Federal Candidate <u>Barack H. Obama</u>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee 					
Mailing Address of Payee 					
City 		State 		Zip Code 	
Name of Employer 		Occupation 		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	
Purpose of Disbursement (Including title(s) of communication(s)) 					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				<div style="border: 1px solid black; padding: 2px;">249,800.00</div>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px;">249,800.00</div>	

Federal Election Commission
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